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	Application Number	ACSES-63641 (3386X)	
<b>TRANSMITTAL</b>	Filing Date	September 29, 2003	
FORM	First Named Inventor	William J. Boyle et al.	
	Art Unit	3738	
(to be used for all correspondence after initial filing)	Examiner Name	Christopher D. Prone	
Tatal Number of December in This Culturation	Attornov Docket Number	24201	

Total Number of	f Pages in This Submission		Attorney Docket	Vumber	24201	
		ENCLO	SURES (Check all	that apply	)	
Fee Transm	ittal Form	Drawin	g(s)		After Allowance Communication to TC	
X Fee	Attached	Licensi	ng-related Papers		Appeal Communication to Board of Appeals and Interferences	
Amendmer	nt / Reply	Petition	ı		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
X Aft	er Final		n to Convert to a onal Application		Proprietary Information	
Aff	idavits/declaration(s)		of Attorney, Revocation e of Correspondence Ad		Status Letter	
Extension of	of Time Request	Termin	al Disclaimer		Other Enclosure(s) (please identify below):	
Express Ab	andonment Request	Request for Refund		RCE Postcard \$970.00		
Information	Disclosure Statement	CD, N	umber of CD(s)	_		
Certified Co	opy of Priority	Remarks	Landscape Table on (	CD	· <del>-</del>	
	to Missing Parts/ Application	CUSTOMER	NO. 24201			
Re	ply to Missing Parts under CFR 1.52 or 1.53					
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			ANT, ATTORNEY, C	OR AGEN	Γ	
Firm Name	FULWIDER PATTO	ON LLP				
Signature	Thur UI	yn		<del></del>		
Printed name	THOMAS H. MAJC	HER				
Date	October 4, 2006	<u>.</u> .		Reg. No.	31,119	
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## Fee TRANSMITTAL for FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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\$9	70.00	ŀ

Complete if Known				
Application Number	10/675,611			
Filing Date	September 29, 2003			
First Named Inventor	William J. Boyle			
Examiner Name	Christopher D. Prone			
Art Unit	3738			
Attorney Docket No.	ACSES-63641 (3386X)			

Deposit	METHOD OF PAYMEN	T (check all	that apply)					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee	Check Credit C	ard $\square$	Money Order	None	Other (	please identify):		
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee	Deposit Depo	sit Account	Number:	06-2425	Deposit A	ccount Name:	_ FULWIDE	R PATTON LLP
Charge any additional foe(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  SMAII Entity  Application Type  Fee (\$) Fee	For the above-identified d	eposit accour	nt, the Director is	hereby authori	zed to: (check all t	hat apply)		
MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)	Charge fe	ee(s) indicated	i below		Charge	fee(s) indicated	below, except for	the filing fee
1. BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   SMAll Entity   Sm	fee(s) und WARNING: Information on th	der 37 CFR 1. is form may	16 and 1.17 become public.					Provide credit card
FILING FEES   SEARCH FEES   SMAIL Entity   Small Entity   Fee (\$)   Fee (\$	FEE CALCULATION (A	II the fees	below are o	lue upon fi	ling or may b	e subject to	a surcharge	e.)
Application Type	1. BASIC FILING, SEARC				FEES	EXAMINA	ATION FEES	
Design 200 100 100 50 130 65  Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues) 50 25  Each independent claim over 3 (including Reissues) 200 100  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims - 3 or HP =	· · · · · · · · · · · · · · · · · · ·		Fee (\$)	· · · · · · · · · · · · · · · · · · ·	Fee (\$)		Fee (\$)	Fees Paid(\$)
Plant   200   100   300   150   160   80			100	100	50	130	65	
Provisional         200         100         0         0         0         0         0         0         0         0         0         Small Entity           Fee (\$)         Fee (\$) <td>_</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td>	_	200	100	300	150	160	80	
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)	Reissue	300	150	500	250	600	300	
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee (\$)  Fee Paid (\$)  — -20 or HP =	Provisional	200	100	0	0	0	0	
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HP = highest number of total claims paid for, if greater than 20.    Indep. Claims	Total Claims	Extra Claim	<u>s Fee (\$)</u>	<u> </u>	ee Paid (\$)			
	HP = highest number of total cl. Indep. Claims  - 3 or HP = HP = highest number of indepe 3. APPLICATION SIZE FE If the specification and draw 37 CFR 1.52(e)), the applic See 35 U.S.C. 41(a)(1)(G)	Extra Claims IE wings excee cation size fe and 37 CFF	if greater than 2  s Fee (\$) x \$2  paid for, if greate and 100 sheets see due is \$250  \$1.16(s).	0. <u>F</u> 200.00 =er than 3. of paper (exc) (\$125 for sn	so.00 \$1.00 \$2.00	ach additional	50 sheets or fr	action thereof.
	- 100 =	. 0	/ 50	0	_ (round up to	a whole	× \$250.00	
4. OTHER FEE(S)  Non-English specification, \$130 fee (no small entity discount)	* *	\$130 fee	(no small entit	ty discount)				Fee Paid (\$)
Other (e.g., late filing surcharge): RCE AND SUPP IDS \$970.00								\$970.00

4	SUBMITTED BY	_					
	Signature	Thur M	mer	Registration No. (Attorney/Agent)	31,119	Telephone	310 824 5555
1	Name (Print/Type)		THOMAS H	. MAJCHER		Date	10-04-06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.